

**Wishing All a Very Merry Christmas and Happy New  
Year!!!!!!!!!!!!**

**From the Bureau of Home Care and Rehabilitative  
Standards**

**Informational Bulletin for December 2001**



**Medicare Providers and the CMS 855 Form**

Effective November 1, 2001, Medicare fiscal intermediaries (FI) began distributing the CMS 855 enrollment application forms for new applicants, change of ownerships and other reported changes. It is the provider's responsibility to contact both their FI and our Bureau when making a change in your agency's functions. This includes adding/deleting branch offices, address/phone changes, administrative changes, etc. The FI must approve a Medicare change of ownership and branch additions prior to the change. Our office must continue to be notified for any and all changes as such changes may need prior approval before a license can be issued.



**New Pharmacy Rule**

The Board of Pharmacy has published a new rule relating to possession of drugs by home health agencies and hospices. It will probably be in final form, ready for implementation sometime in February, 2002. Guidelines for implementation are currently being developed and will be made available prior to implementation.



### **Psychiatric Nursing for Home Health Agencies**

The Federal Requirements according to the Home Health Manual states the services provided by a “psychiatrically trained nurse” is defined as “special training and or experience beyond the standard curriculum required for a RN”. Any qualification more specific than noted in the Home Health Manual is because of a LMRP (local medical review policy). LMRPs do not have to be alike/consistent between Fiscal Intermediaries (FI). Consequently, CAHABA may require certain standards that are not required by United Government Services (UGS) or Tri-Span, etc. What this means for providers: Your agency **must** follow the LMRPs required by your FI. Currently CAHABA is enforcing the credentialing requirement for psychiatric home health care effective on January 1, 2002 while UGS is not.



### **Home Health and Hospice Statistical Reports**

Both the home health and hospice statistical reports have been mailed from our office. They must be completed and returned by February 1, 2002. Please comply, as we cannot license agencies that do not return the completed report.



### **OASIS Monthly Transmission**

It is a Medicare requirement that Medicare certified home health agencies transmit OASIS data “at least monthly”. If your agency has no data to transmit, please submit the “Non-Submission of OASIS Data” form to our office so deficiencies will not be issued to your agency.



### **Licensed Only Agencies of Out-of-State Medicare Providers**

Out-of-state Medicare providers wishing to provide care to Missouri residents must establish a location within the state and comply with the state licensing law. Such providers are considered by the bureau to be “licensed only” providers. The state, which issues the Medicare provider number, is responsible for all Medicare issues/problems and any such issues/problems will be referred to that state for action. Any extensions of such licensed providers will be considered by

our office as a ‘branch’ of the licensed agency, while **all** of the locations will be considered “branches” of the parent Medicare agency by the state holding the provider number. The reverse is also true. Missouri Medicare providers may have branch offices in bordering states, but must comply with those states licensing laws and these locations will be considered branch offices of the Missouri Medicare parent. State agencies responsible for Medicare certifications must be made aware of and approve any branch offices located in adjoining states.



### **Outpatient Physical Therapy (OPT)**

The Federal 381 form has been mailed to all OPTs. It is mandatory for all OPTs to complete the form and return to our office. Any non-reporting OPT will be referred to Centers for Medicare & Medicaid Services (CMS).



### **Scope of Practice of a Physical Therapist**

The scope of practice for a physical therapist does not include receiving, changing and monitoring medications. This clarification was made by the State Board of Registration for the Healing Arts.



### **Qualifying Services for Home Health Agencies**

Confusion remains in regard to the direct qualifying service for Medicare home health agencies. Per CMS, a qualifying service may be any of the following services: nursing, physical therapy **OR** speech therapy. Any one of the three listed services may be your agency’s DIRECT qualifying service and must be paid directly in its entirety by your agency with a W-2 form issued.



### **E-Mail Web Site**

The bureau currently does not have the capability of incorporating an e-mail site on the Department's web site. Questions may be received by employees of the bureau via their direct e-mail addresses. However, questions may be answered via phone conversations rather than e-mail, as there are always variables to home care questions. Straight regulatory inquiries may be answered via e-mail.



### **Standing Orders**

During the survey process of your hospice, your surveyor will be checking standing orders for compliance with the "new" hospice regulations. Some guidelines to remember when developing your agency's standing orders.

- Each procedure, medication or treatment should be addressed in a separate order on the overall standing orders.
- Each procedure, medication or treatment should have specific criteria or qualifications for use such as the medical indication, purpose or conditions of use. These criteria should be as specific as possible and not allow nurses' choice. (Nurses cannot practice medicine.)
- Standing orders should not include normal teaching processes, instructions to caregivers, etc.
- Standing orders must be signed and dated by the physician.
- There should be policies in place as to when and how to use the standing orders and a method to show physician notification of use of standing orders.
- Standing orders must be patient individualized.

### **Note from Carol Gourd, Bureau Administrator:**

Effective January 1, 2002, Linda Grotewiel, R.N., will assume the administrator position for the Bureau of Home Care and Rehabilitative Standards as my retirement is effective December 31<sup>st</sup>. I have certainly enjoyed the respect and cooperation offered by the provider industry and encourage the continuation of this relationship. In leaving..... "So long, farewell, auf Widersehen, good bye. Adieu, adieu, to yieu and yieu and yieu. Good bye, good bye."